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| <b>POWER OF ATTORNEY<br/>OR<br/>REVOCATION OF POWER OF ATTORNEY<br/>WITH A NEW POWER OF ATTORNEY<br/>AND<br/>CHANGE OF CORRESPONDENCE ADDRESS</b> | <b>Application Number</b>   |  | 10/517.898-Conf. #5707 |  |
|   | <b>Filing Date</b>          |  | July 27, 2005          |  |
|   | <b>First Named Inventor</b> |  | Warren Strober         |  |
|   | <b>Title</b>                | METHODS OF TREATING AND PREVENTING COLITIS INVOLVING IL- |                        |  |
|   | <b>Art Unit</b>             |  | 1644                   |  |
|   | <b>Examiner Name</b>        |  | I. I. Ouspenski        |  |
| <b>Attorney Docket No.</b>  |                             | 84807(47992)   |                        |  |

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.  
**OR**  
☒ I hereby appoint Practitioner(s) associated with the following Customer Number as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith:

46037

**OR**

☐ I hereby appoint Practitioner(s) named below as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith:

| Practitioner(s) Name | Registration Number | Practitioner(s) Name | Registration Number |
|----------------------|---------------------|----------------------|---------------------|
|                      |                     |                      |                     |

Please recognize or change the correspondence address for the above-identified application to:

☐ The address associated with the above-mentioned Customer Number:  
**OR**  
☒ The address associated with Customer Number:

46037

**OR**

|   |   |
|---|---|
| <input checked="" type="checkbox"/> Firm or Individual Name | Peter F. Corless<br>EDWARDS ANGELL PALMER & DODGE LLP |
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I am the:

☐ Applicant/Inventor.  
**OR**  
☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
*Statement under 37 CFR 3.73(b) (Form PTO/SB/96) submitted herewith or filed on \_\_\_\_\_*

| SIGNATURE of Applicant or Assignee of Record |                       |           |                   |
|--|-----------------------|-----------|-------------------|
| Signature                                    | /Petr F. Corless/     | Date      | November 10, 2009 |
| Name   | Peter F. Corless      | Telephone | (617) 517-5557    |
| Title and Company                            | Attorney for Assignee |           |                   |

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

☒ \*Total of 1 forms are submitted.